

FILED SEP 12 1941

Registration District No. 279

Primary Registration District No. 1002

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
2037 Jefferson St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community 60 Years /
years, months or days)

3. (a) PRINT FULL NAME William Kopp

3. (b) If veteran, No name war _____
3. (c) Social Security 703-03-9314

4. Sex Male 0 5. Color or race White 6. (a) Single, widowed, married, divorced Married

(b) Name of husband or wife _____ 6. (c) Age of husband or wife if _____ years

Mrs. Sophia Elizabeth Kopp 7. Birth date of deceased September 8, 1858
(Month) (Day) (Year)

8. AGE: Years 82 Months 11 Days 20 If less than one day _____ hr. _____ min.

9. Birthplace Leheighton, Pa.
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Elevator Engineer

11. Industry or business Kansas City Railway & Term.

12. Name Joseph Kopp

13. Birthplace Germany
(City, town, or county) (State or foreign country)

14. Maiden name No Record Germany
(City, town, or county) (State or foreign country)

15. Birthplace _____
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Sophia E. Kopp

(b) Address 2037 Jefferson

17. (a) Burial (b) Date thereof 9-2-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forest Hill Cemetery

18. (a) Signature of funeral director John W. Wagner

(b) Address Kansas City, Missouri

19. (a) 8/29/41 (b) M. M. Crowe
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson C48
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 2037 Jefferson
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 28th
year 1941 hour 8 minute 15 P.M.

21. I hereby certify that I attended the deceased from only on
Aug 28, 1941 to _____ 19____
that I last saw him alive on Aug 28, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Thrombosis in Duration _____
region of left heart ventricle 5 days

Due to Refused blood-clot
into circulation following

Due to a fall against a chair
while raising a window shade.

Other conditions Causing bruising of hip to chest.
(Include pregnancy within 3 months of death)

Major findings: in left side

Of operations Had been Dizzy

for some time.

Of autopsy no

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident

(b) Date of occurrence Aug 24 at 10 A.M.

(c) Where did injury occur? this home (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
R.C. M.C. at 2037 Jeff. ST

While at work? no (Specify type of place)

(e) Means of injury on above

23. Signature E. H. Reilinger (M. D. or other) state

Address 520 Angelle Bldg Date signed Aug 29

11.11.11
Cecil R. Mathes
Bq. No. 4606

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed Cecil R. Mathes

Licensed Embalmer No. 3807

P. O. Address Kansas City, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

- If this body is not embalmed, fact should be so stated above.